

Summary of Public Comments  
HOPE Waiver Amendment  
May 8, 2020 through June 7, 2020

	Comment Summary	South Dakota's Response
1	One provider commented on the difficulty of obtaining a State fingerprint background check in some counties in South Dakota and suggested alternative language for the HOPE waiver amendment.	<p>The State added clarifying language to the State fingerprint background check requirements as follows:</p> <p>The Supplemental Agreement requires the Provider to conduct a State fingerprint background check (or other alternative State approved background check) to screen for abuse, neglect, and exploitation for all employees hired to work in the homes of consumers.</p> <p>In order to receive State approval, the alternative background check results for employees hired by the provider must be readily accessible to the state upon request and the description of the alternative background check must include verification that the following threshold criteria are met:</p> <ul style="list-style-type: none"> <li>• The alternative background check verifies the identity of the individual hired utilizing at least two unique types of identification (must include a government issued photo ID and an additional document that meets I-9 standards)</li> <li>• The alternative background check identifies the criminal history of the individual hired</li> <li>• The alternative background check creates a report of the criminal history of the individual hired which is readily accessible to the provider</li> </ul>
2	One stakeholder asked the State how the rate for Assisted Living was established and what the amount was based on.	The base daily rate for Assisted Living services is based on Assisted Living cost reports submitted by providers on an annual basis.

		<p>The increase in tiers is based on the anticipated percentage increase in care, from the base rate, needed to serve individuals in each tier. Tier 1 anticipates a .5 hour per day of additional staff time (18% increase) in care needs over the base rate; tier 2 anticipates a one hour per day of additional staff time (37% increase) in care needs over individuals in the base rate.</p>
3	Two providers requested further information and clarification regarding how the State would determine the most appropriate and cost effective source of care.	<p>HOPE waiver participants must be referred to a Structured Family Caregiving provider for assessment when a primary caregiver resides in the home and is being paid to provide routine intermittent personal care, supervision, cueing, meals, homemaker, chore services, medication management and/or other instrumental activities of daily living.</p> <p>HOPE waiver care plans are developed with participants to identify the most cost effective services that are able to effectively meet his/her needs. The most appropriate service is determined based on the service definition in the waiver and the individual's level of need.</p> <p>The State made updates to the Summary of Proposed Changes for clarification.</p>
4	One provider asked if the amounts for the Assisted Living rate tiers is posted.	<p>Yes, the rates for each service for Year 4 and Year 5 of the currently approved Waiver can be found on the last four pages of the Waiver Amendment posted on <a href="https://dhs.sd.gov/ltss/titlexix.aspx">https://dhs.sd.gov/ltss/titlexix.aspx</a></p>
5	One stakeholder inquired about the number of HOPE Waiver participants and nursing home residents and if this information is public information.	<p>The HOPE Waiver cost neutrality demonstration is located on pages 267-279 of the HOPE waiver amendment.</p> <p>Historical data on Medicaid Expenditures for Section 1915c Waiver Programs, including data on the HOPE Waiver Program is located at: <a href="https://www.medicaid.gov/sites/default/files/2019-12/cms-372-report-2015.pdf">https://www.medicaid.gov/sites/default/files/2019-12/cms-372-report-2015.pdf</a></p>

6	One stakeholder submitted a letter in support of the Assisted Living Rate tiers and home and community based services	Thank you for your continued support.
7	One provider submitted a letter of support along with recommendations to continue outreach efforts regarding the Structured Family Caregiving service; reassess policy that requires fingerprint background checks for non-caregiver adult in the home; review the rate methodology for Structured Family Caregiving.	Thank you for your support of the HOPE Waiver. The State has reviewed your recommendations and will not make changes to the HOPE Waiver amendment at this time; however, the State will continue to explore the recommendations.
8	One provider expressed concern with the requirement for participants to be referred to SFC (when a primary caregiver resides in the home and is being paid to provide routine intermittent personal care, supervision, cueing, meals, homemaker, chore services, medication management and/or other instrumental activities of daily living when it is the most cost effective option) and the promotion of Structured Family Caregiving.	HOPE waiver care plans are developed with participants to identify the most cost effective services that are able to effectively meet his/her needs. Structured Family Caregiving emphasizes coaching and support for the primary caregiver and ensures caregivers are taking care of themselves, as well as the participant. Structured Family Caregiving allows the State to continue to offer an option in which in home caregivers are able to be paid, while also meeting the State's cost neutrality requirements.
9	One provider inquired about whether or not a participant's eligibility for the HOPE waiver would be jeopardized if he/she refuses a referral to Structured Family Caregiving.	A participant meeting the criteria for a Structured Family Caregiving referral who refuses to participate in a Structured Family Caregiving assessment and service is not ineligible for the HOPE waiver because of this refusal. The participant may continue to receive up to two hours a day of formal personal care services provided by a primary caregiver residing in the same home as the participant and employed by an enrolled Medicaid agency. Additionally, the participant remains eligible for other services for which he/she has and assessed need.